

Foreign National Personal History Questionnaire

This form is to be completed for each foreign national immediate family member (parents, siblings, spouse, children, co-habitant, fiancé, fiancée), Aupair or other person with whom the individual specified in the CASE SUBJECT INFORMATION block below has a close and continuing relationship, bonds of affection or obligation. Information provided will be used to conduct appropriate National Agency Checks in accordance with established policies and procedures in the course of security processing for the individual specified in the CASE SUBJECT INFORMATION block below.

SECTION I - CASE SUBJECT INFORMATION

Name of Individual Processing For Access With NSA (Applicant or Contractor Nominee)	SSN of Individual Processing For Access With NSA <small>(*Privacy Act Statement: Collection of Social Security Number (SSN) authorized by E.O. 9397. SSN will be used to verify individual's identity and may be used in conjunction with existing personnel and security files. Disclosure of SSN is mandatory.)</small>
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SECTION II - THE FOLLOWING INFORMATION CONCERNS THE FOREIGN NATIONAL ASSOCIATE

1. Westernized/English Name		
Last Name	First Name	Middle Name
Is Surname from paternal or maternal side? <input type="checkbox"/> Paternal <input type="checkbox"/> Maternal		
List other names used and variations of names, to include maiden name, and the period of time the name was used.		
Name:	Dates Used:	
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Name:	Dates Used:	
If you have used a name in a language other than English, identify the language and provide your name in Native Script. Language (Arabic, Korean, French, etc.) _____ Name in Native Script: _____		

2. What is your relationship to the Applicant/Contractor Nominee listed in Section I above?
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3. Provide date of birth and place of birth to include City, County/ Region, Country				
Date of Birth: (Month/day/year)	City of Birth:	County/ Region of Birth:	Country of Birth:	Tribal Association

4. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	5. SSN or Country ID (Provide both if available)
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6. Citizenship Information: <input type="checkbox"/> Are you a citizen of your country of birth: Yes <input type="checkbox"/> No <input type="checkbox"/>
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6. Citizenship Information (continued):

If not a citizen of your country of birth, of what country(ies) are you a citizen?

Do you have a passport issued by the above country(ies)? Yes No

If Yes, provide the following information:

Passport Number: _____ Issue Date: _____ Expiration Date: _____

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What is your current status in the United States?

Permanent Resident Alien Aupair Student Visitor Other (Specify: _____)

Place where you entered the United States: City _____ State: _____

Date you entered the United States: _____ Alien Registration Number: _____

Do you have a VISA? Yes No

Type: _____ Number: _____ Issue Date: _____ Expiration Date: _____

Who is your sponsor in the United States? (Provide name, address and telephone number.)

Sponsor's Name _____

Sponsor's Address _____

Sponsor's Telephone Number: _____

Do you intend to become a citizen of the United States? Yes No

If YES, in what stage of the process are you? _____

7. Foreign Activities

Do you have any property, business connections, or financial interests in a country other than the United States?

Yes No

Are you now or have you ever been employed by or acted as a consultant to a non-U.S. government, firm or agency?

Yes No

Have you ever had any contact with a non-U.S. government, its establishments (embassies/consulates), or its representatives?

Yes No

Have you ever served in the military of a government other than for the United States?

Yes No

Have you ever served in any security, law enforcement, diplomatic or Intelligence Service?

Yes No

10. Countries of residence: List all countries in which you have ever resided and the time period of residence.		
Month/Year to Month/Year	Country of Residence	

11. Education: Provide the last school attended to include address of the school, dates attended and degree obtained.			
Month/Year to Month/Year	School and Address	Degree	Date of Degree

12. Employment: Include all employments for the last seven years. Provide dates of employment, employer and employer's address, and position you held.		
Month/Year to Month/Year	Employer and Address	Position Held
Present		

13. Associations	
Have you ever been an officer or member or attended or made a contribution to an organization dedicated to violence against the United States Government or its citizens and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever knowingly engaged in acts or activities designed to overthrow the United States Government by force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered YES to either of the questions above, please explain the circumstances	

